ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 4 | 2-21-01 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

| , | Rejected | N | Non-elected |
|---|----------------------------|---|--------------|
| | Allowed | | Interference |
| | (Through numeral) Canceled | | Appeal |
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| Cla | ım | Date | | | | | | | | | Claim Date | | | | | | | | | | | | Clai | m | Date | | | | | | | | | | | | | |
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If more than 150 claims or 10 actions staple additional sheet here